

**State of Hawaii
Department of Transportation
Statewide Transportation Planning Office**



**2004 SECTION 5310 CAPITAL ASSISTANCE
BROCHURE AND APPLICATION FOR THE
TRANSPORTATION OF THE ELDERLY AND DISABLED**

Deadline to submit application is April 30, 2004

In accordance to Federal Assistance Program 49 USC Section 5310

Table of Contents

	Page
I. Background	1
II. Purpose.....	1
III. Eligible Applicants.....	2
Applicant Organization Eligibility	
IV. Allowable Costs	3
Allowable Costs	
Allowable Project Vehicles	
Allowable Project Equipment	
V. Applicant Organization Requirements.....	4
Project Title Requirement	
Duplication of Transportation Services Requirement	
Funding and Financial Capability Requirement	
Managerial Capability Requirement	
Certifying Authority Requirement	
VI. Project Requirements	6
Project Vehicle Service Life Requirement	
Project Equipment Service Life Requirement	
Accessible and ADA Requirement	
Non-Accessible Exemption	
Project Vehicle Insurance Requirement	
Commercial Driver's License (CDL) Requirement	
Project Profits Requirement	
Project Disposition Requirement	
VII. Incidental Use	8
VIII. Project Application	8
IX. Project Selection Procedures.....	9
X. Project Award Procedures.....	9
XI. Project Post Delivery Procedures.....	10
XII. Compliance Requirements	10
Monitoring Reports	
Compliance Review	
XIII. Definitions	11

XIV. Enclosures

Section 5310 Application Checklist

Section 5310 Application

Section 5310 Evaluation and Scoring Instructions

Assurances

Title VI of the Civil Rights Act

Nondiscrimination

List of Vehicle Dealers

Government Transit Support Agencies

Pre-Delivery

Buy American Compliance Certification

FMVSS Compliance Certification

Post-Delivery

Buy American Compliance Certification

FMVSS Compliance Certification

Purchasers' Requirements Certification (Ten or fewer vehicles)

Monitoring Reports

Agency Information

Agency Report

Vehicle Report

FTA Section 5310 Site Inspection Checklist

Vehicle / Equipment Disposition

Instructions

Application

Background

In 1990, the American with Disabilities Act (Public Law 101-366), often referred to as ADA, was signed into law. In part, this civil rights legislation mandates equal opportunity in employment, telecommunications, transportation, and places of public accommodation for persons with disabilities. Included with providing equal opportunities for individuals with disabilities, is the requirement of providing “accessibility” in transportation.

The U.S. Department of Transportation (USDOT) published its final ruling implementing the ADA provision requiring that after August 25, 1990, public and private transportation providers must, with some exceptions, solicit or procure accessible vehicles. These rules apply to both public and private providers regardless of whether transportation is a primary or ancillary function, and covers both fixed-route and demand-responsive transportation operations. For more details on ADA requirements relating to transportation, refer to the September 6, 1991 Federal Register, Part IV Department of Transportation, 49 CFR Parts 27, 37 and 38 Transportation for Individuals with Disabilities; Final Rule.

In 1975, the Age Discrimination Act was passed, 42 USC Section 6101. This legislation mandates that on the basis of age, no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

In pursuing the intent and requirements of the American Disabilities Act and the Age Discrimination Act, the USDOT provides an assistance program, 49 USC Section 5310, that makes federal funds available for providing transportation services for elderly persons and persons with disabilities. The 49 USC Section 5310 federal assistance program is administered and managed by the Federal Transportation Administration (FTA) at the federal government level and by the Hawaii State Department of Transportation (HDOT) at the Hawaii State government level. The HDOT has been designated by the Governor to administer the Section 5310 Program; where the administration and management of the Section 5310 program within HDOT resides with the Statewide Transportation Planning (STP) Office.

Purpose

The goal of the 49 USC Section 5310 federal assistance program, better known as Section 5310, is to provide assistance in meeting the special transportation needs of elderly persons and persons with disabilities. The Section 5310 program is designed to supplement other FTA capital assistance programs, such as the Section 5307 and Section 5311 programs that provide federal funding assistance to public transportation systems, by funding transportation for elderly persons and persons with disabilities in all areas – urbanized, small urban and rural. The program seeks to enhance coordination of federally assisted programs and services in order to encourage the most efficient use of Federal resources and achieve the national goal of improved mobility for elderly persons and persons with disabilities.

Eligible Applicants

Section 5310 program funds are to be utilized by private non-profit organizations as determined by the U.S. Secretary of the Treasury or under State law. Public entities are eligible for federal assistance under the Section 5310 program if there are no private non-profit organizations already providing or provide the proposed transportation service to elderly persons and persons with disabilities.

Applicant Organization Eligibility

The applicant organization is required to provide information on the general services provided and the type of transportation services provided to the elderly and disabled. This information will provide assurance that the funds will be utilized for the intent of 49 USC Section 5310. This information is provided by the applicant organization in Part I, General Information and Part II, Project Information of the Section 5310 Application.

The following are the eligible applicant organizations:

1. Private Non-Profit Organizations – Primarily Engaged in the Provision of Transportation

Any private non-profit organization that is not a state or local government; and department, agency, special purpose district, or other instrumentality of one or more state or local governments that are primarily engaged in the provision of transporting the elderly or disabled.

The Section 5310 program funds are directed for use by private non-profit organizations. The applicant organization is required to submit proof of non-profit status by either a copy of the current annual Domestic Non-Profit Corporation Exhibit from the State Department of Commerce and Consumer Affairs or a Non-profit Status Letter from the Internal Revenue Service; and Documentation of Incorporation.

2. Private Non-Profit Organizations – Not Primarily Engaged in the Provision of Transportation

Any private non-profit organization that is not a state or local government; and department, agency, special purpose district, or other instrumentality of one or more state or local governments that are not primarily engaged in the provision of transportation, but do provide transportation services to the elderly or disabled.

The Section 5310 program funds are directed for use by private non-profit organizations. The applicant organization is required to submit proof of non-profit status by either a copy of the current annual Domestic Non-Profit Corporation Exhibit from the State Department of Commerce and Consumer Affairs or a Non-profit Status Letter from the Internal Revenue Service; and Documentation of Incorporation.

3. Public Entities

Any state or local government; and department, agency, special purpose district, or other instrumentality of one or more state or local governments provided there are no non-profit private entities already providing or readily available to provide the proposed transportation service.

The public entity is required to submit evidence that there is no competing non-profit entity providing similar service. The applicant public entity must certify by letter to HDOT there are no non-profit corporations or associations already providing or readily available to provide the proposed transportation service to elderly persons and persons with disabilities (certifications must be signed by the Director of the transportation agency and the Mayor of the County). This certification is provided by the applicant organization in Part II, Project Information, Duplication and Support of Elderly or Disabled Transit Services of the Section 5310 Application.

Allowable Costs

Allowable Costs

FTA allows several categories of allowable costs under the Section 5310 program for assisting the transportation services for the elderly and disabled. However, the State has determined the most effective and efficient use of these Section 5310 funds are the expenditure of funds on the capital categories in meeting the needs of the transportation services for the elderly and disabled. Specifically, these include the purchase of “accessible” vehicles and equipment to transport the elderly and disabled persons.

Examples of capital costs:

- Accessible or para-transit vehicles
- Accessible buses
- Wheelchair lift and restraint equipment
- Communication equipment

The applicant organization must identify the eligible cost item, vehicle or equipment, that will be utilized by the applicant organization to transport the elderly and disabled, herein after called the Project. The proposed Project is identified by the applicant organization in Part II, Project Information of the Section 5310 Application.

Allowable Project Vehicles

In accordance to the Section 5310 program, public and private entities must acquire accessible vehicles. Under certain circumstances, non-accessible vehicles can be acquired. Specific eligible vehicle requirements according to organization type are as follows:

1. Non-Profit Organizations – Primarily Engaged in the Provision of Transportation

Fixed Route Systems

- All new vans with capacity < 8, including the driver must be accessible, unless equivalent service is provided.

Demand Responsive Systems

- All new vans with capacity < 8, including the driver must be accessible, unless equivalent service is provided.

2. Non-Profit Organizations – Not Primarily Engaged in the Provision of Transportation

Fixed Route Systems

- All vehicles with capacity > 16, including the driver must be accessible
- All vehicles with capacity < 16, including the driver must be accessible, unless equivalent service is provided.

Demand Responsive Systems

- All vehicles with capacity > 16, including the driver must be accessible unless equivalent service is provided.

3. Public Entities

Fixed Route Systems

- All new and used vehicles must be accessible.

Demand Responsive Systems

- All new vehicles must be accessible, unless equivalent service is provided.

Allowable Project Equipment

Equipment utilized for meeting the transportation needs of the elderly and disabled are eligible for funding assistance under the Section 5310 program.

Applicant Organization Requirements

Project Title Requirement

Title to the Project, vehicle and/or equipment, acquired under the Section 5310 Program will be vested with the applicant organization.

Duplication of Transportation Services Requirement

In providing effective and efficient use of the Section 5310 appropriation, different organizations providing similar elderly or disabled transportation services in a region are discouraged from receiving funds during the same fiscal year. Therefore, applicant organizations are required to provide verification that a similar service is not already being provided by another agency. This information is provided by the applicant

organization in the Section 5310 Application, Part II, Project Information, Duplication and Support of Elderly or Disabled Transit Services.

Funding and Financial Capability Requirement

If the project is selected for Section 5310 funding assistance, the applicant organization is required to provide their share of the cost at the time of project approval. Funding assistance under the Section 5310 program provides up to 80 percent federal funding for the capital cost of the project. The remaining 20 percent of the project cost must be provided by the applicant organization.

Section 5310 applicant organizations must have the fiscal capability to provide the 20 percent cost share, and for the operation, maintenance, insurance and disposition costs for the duration the vehicle and/or equipment is in service. Besides funding capability, applicant organizations must have the financial capability, which includes the fiscal control and accounting procedures necessary to comply with the Section 5310 program and statutory requirements, and permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the Section 5310 program restrictions and prohibitions.

Managerial Capability Requirement

Upon receiving federal assistance under the Section 5310 program, the applicant organization is required to keep the project in good operating order. Public and private entities providing transportation services with the assistance of Section 5310 funds must maintain in operative condition the facilities, equipment and vehicles acquired in providing transportation services for the elderly and/or disabled. Accessibility features and vehicles must be repaired promptly if they are damaged or out of order.

Organizations receiving Section 5310 funding assistance for vehicles and/or equipment are required to notify the STP Office in a timely manner when the vehicle and/or equipment is not in service for the transportation services for the elderly and/or disabled.

Certifying Authority Requirement

The applicant organization provides assurance of the fiscal and managerial capability by the completion and certification of Part VIII, Certifying Authority of the Section 5310 Application.

The individual that certifies the Section 5310 Application must be knowledgeable of the fiscal and financial background of the applicant organization and be able to attest to the ability of the applicant organization to provide for the project costs, fiscal control and accounting procedures. This individual must also be knowledgeable in the management and administration background of the applicant organization and be able to attest that the applicant organization is able to provide managerial capabilities to operate, maintain and dispose the project in accordance to the Section 5310 program.

Project Requirements

Project Vehicle Service Life Requirement

Vehicles purchased with Section 5310 funds must be in service with the applicant organization for a minimum Vehicle Service Life, excluding vehicle disposition or transfer. The Vehicle Service Life is listed below.

- Large, heavy-duty transit buses (approximately 35'-40' and articulated buses) – at least 12 years of service or an accumulation of at least 500,000 miles.
- Medium-size, heavy-duty transit buses (approximately 30') – 10 years or 350,000 miles.
- Medium-size, medium-duty transit buses (approximately 30') – 7 years or 200,000 miles.
- Medium-size, light-duty transit buses (approximately 25'-35') – 5 years or 150,000 miles.
- Other light-duty vehicles such as small buses and regular and specialized vans – 4 years or 100,000 miles.

Project Equipment Service Life Requirement

Equipment purchased with Section 5310 funds must be in service with the applicant organization for a minimum Equipment Service Life, excluding equipment disposition or transfer. All equipment purchased with Section 5310 funds shall have an Equipment Service Life of 4 years. If equipment purchased with Section 5310 funds has a service life other than 4 years the applicant organization shall provide information for the basis of this equipment's service life. This requirement is completed by the applicant organization in the Section 5310 Application, Part II, Project Information.

Accessible and ADA Requirement

The Section 5310 program requires that all vehicles assisted with Section 5310 funds be "accessible vehicles", unless equivalent service is provided as defined in the Allowable Project Vehicle section.

Also, the ADA requires compliance with specific service provisions related to the accessible transportation of the elderly and disabled that are listed as follows:

- Lift and securement use;
- Lift deployment at any designated stop;
- Service to persons using respirators or portable oxygen;
- Adequate time for vehicle boarding and disembarking;
- Service animals;
- Use of accessibility features;
- Procedures to ensue lift availability, public entities only; and
- Vehicle identification mechanisms.

Non-Accessible Exemption

The exception to the accessible requirement is the condition that applicant organization, when viewed in its entirety, provides an equivalent service to persons with disabilities and the vehicle is allowable under the Allowable Project Vehicle section. Therefore, non-accessible (non-wheelchair or non-wheelchair ramp/lift) equipped vehicles that are proposed are required to have an equivalent service certification, which states that the vehicles currently in the applicant organization's inventory are accessible equipped or a cooperative agreement with an organization that will provide accessible services to the applicant organization's clients if the need arises, must be submitted with the 5310 Section Application.

Project Vehicle Insurance Requirement

Vehicles purchased with Section 5310 funds are required to have insurance coverage for the Service Life of the vehicle and the intended purpose of the Section 5310 Application.

Commercial Driver's License (CDL) Requirement

Drivers employed to transport people with vehicles or equipment purchased with Section 5310 funds are required to have a CDL for either a single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds, or a vehicle designed (base configuration) to transport more than 15 persons, including the driver.

Project Profits Requirement

If a Section 5310 funded project is used for the transportation of the elderly or disabled where a profit is realized, these profits are required to be reinvested in transit services for the elderly or disabled, or turned over to the HDOT where it will be utilized for transit.

Project Disposition Requirement

Projects should only be disposed when the intended purpose under the Section 5310 Application of the project is no longer needed and the Service Life has been met.

Before any disposition proceedings take place, the STP Office must be contacted for disposition consultation, requirements and procedures. Disposition is allowed only after written approval from the STP Office.

If the project is in serviceable condition and the applicant organization wishes to dispose of the project before the project's Service Life, HDOT will reassign the project to another qualified organization.

If the applicant organization wishes to dispose of the project after the project's Service Life, the project may be junked if the salvage value is less than \$5,000. If there is a salvage value equal to or greater than \$5,000 it must be reinvested in transit services for the elderly or disabled, or turned over to the HDOT where it will be utilized for transit.

For vehicles, an organization that received a vehicle using Section 5310 funds may sell or trade-in a vehicle before the vehicle has reached its Vehicle Service Life, when acquiring “like-kind” replacement vehicles (i.e., generally the same class of transit vehicle). The process to acquire “like-kind” vehicles will be the same procedure as acquiring new vehicles. The proceeds from the disposal of the federally funded vehicle must be applied towards the purchase cost of the replacement vehicle. Organizations interested in the sale or trade-in of a vehicle must contact the STP Office before any proceedings take place for consultation, requirements, and procedures. The sale or trade-in of a vehicle is allowed only by written approval from the STP Office.

Incidental Use

Vehicles and equipment purchased with Section 5310 funds cannot be solely used for incidental use. However, they may serve the transportation needs of the general public on an incidental basis if such service does not interfere with the primary purpose of providing transportation services to meet the special needs of elderly persons and persons with disabilities, as defined in the application.

An example of an incidental vehicle use would be the assistance in providing meal delivery services for homebound persons on a regular basis if the meal delivery services do not conflict with the provision of transit service or result in a reduction of service to transit passengers.

If incidental vehicle use is approved, the applicant organization must keep records traceable to the use, costs and revenues linked to the incidental use of the vehicle. The incidental use of vehicles information is provided by the applicant organization in Part II, Project Information of the Section 5310 Application.

Project Application

Interested private and public entities capable of providing transportation services to the elderly or disabled are required to complete, sign and submit all required documents to the STP Office by the application deadline to be considered for the Section 5310 program.

A Section 5310 Application Checklist is provided to aid the applicant in submitting the required information. Any late or incomplete Section 5310 applications may be rejected from consideration for the Section 5310 program.

Applications shall be submitted to:

Hawaii Department of Transportation
Statewide Transportation Planning Office
869 Punchbowl Street, Room 404
Honolulu, Hawaii 96813

Attention: Ken K. Tatsuguchi

Project Selection Procedures

The Evaluation and Selection Committee will convene to review and recommend for approval to the Director of Transportation those projects for Section 5310 funding. Because these federal funds are provided to meet the special transportation needs of the elderly and disabled, emphasis is placed on those types of services that are “accessible,” and provide the most effective and efficient use of the Section 5310 funds.

Applicant organizations of projects recommended by the Evaluation and Selection Committee and approved by the Director of Transportation will be notified by letter of their project selection, and provided the following documents to be completed and returned to the STP Office:

- Agreement
- Certifications and Assurances
- Assurance documents
- Vehicle Specifications
- Pre-Delivery documents

The applicant organization will also be notified to have their 20% share cost available.

The Director will then recommend and submit to FTA the projects selected for the State in a consolidated grant application submitted to the FTA regional office for approval. FTA will then review and coordinate with the STP Office on any application issues pertaining to the FTA approval of the consolidated Section 5310 grant application.

Project Award Procedures

Upon receipt of all the required documents from the applicant organization, the STP Office will then proceed with the procurement of the approved projects. HDOT will process the procurement of the vehicle or equipment for the non-profit organizations; where this is prohibited, the organization will procure the vehicle or equipment through competitive bidding in accordance with established State and Federal requirements.

For HDOT procured project vehicles, the STP Office will begin the procurement process through the Department of Accounting and General Services (DAGS). This starts by the process of an Invitation for Bid (IFB), where in part the approved vehicle specification received from the applicant organization are incorporated. The estimated time for procurement process to vehicle delivery is approximately 12 – 16 months.

The project vehicle is procured and awarded to the vendor who meets the procurement requirements. The STP Office notifies the applicant organizations of their 20% share cost of the project, which must be remitted within 30 days of the date of the letter. When the 20% share cost is received, the project is awarded allowing the vendor to begin work on the project. If the STP Office does not receive the 20% share cost from the applicant organization, the project will be removed from the grant, and another applicant organization is selected and recommended by the Evaluation and Selection Committee to

be processed for approval. The awarded vendor for the project vehicle is required to have the equipment delivered 180 days from the date of the notice to proceed.

Project Post Delivery Procedures

Upon delivery of the project to the applicant organization, the following certifications or documentation must be submitted to and approved by the STP Office prior to vehicle use:

For Project vehicles (Post-Delivery documents):

- Buy America Compliance
- Federal Motor Vehicle Safety Standards (FMVSS) Certification
- Purchasers' Requirement Certification

For Project equipment:

- Original invoice

Compliance Requirements

By signing the Agreement, the Applicant Organization agrees to use the project as identified in the Application and comply with all requirements of the Section 5310 program. Failure to use the project as identified in the Application, submit the required monitoring reports, or meet the requirements of the Compliance Review may be considered good cause for a determination of non-compliance and subject to forfeiture of project(s) with Section 5310 program assistance and disqualification for future federal assistance opportunities.

Monitoring Reports

All organizations awarded vehicle funding from the Section 5310 program are required to file an Agency Report, Agency Information Report and Vehicle Report. The Agency Reports are due annually within 30 days after the end of the fiscal year and the Vehicle Reports are due within 30 days after the end of each quarter. The quarters are defined as January to March, April to June, July to September and October to December. The purpose of these quarterly reports is to provide assurance that sub-recipients are demonstrating compliance with the FTA Section 5310 program. An example of the monitoring reports is provided.

Compliance Review

HDOT shall conduct Compliance Reviews of the awarded organizations receiving Section 5310 funding assistance. The review shall include an on-site inspection with the authorized person(s) of the awarded organization. This person(s) must be capable of answering, and providing information and records related to the project and overall transportation operations and maintenance, and the applicant agency's managerial and fiscal competency. On-site inspections will be conducted with prior notification. An example of the Site Inspection Checklist is provided. This checklist will be provided to the awarded organization prior to the scheduled site inspection visit.

Definitions

Accessible – means that the vehicle is capable of being used by individuals with disabilities, including individuals who use wheelchairs.

Accessible Vehicle – vehicles with a lift or other level-change mechanism (e.g. ramp) that can accommodate common wheelchairs. Vehicles greater than 22 feet must provide at least two securement locations, at least one of which must be forward facing. Vehicles 22 feet or shorter must provide at least one forward facing location. Side facing securement locations are prohibited. Accessibility standards also require that the vehicle allow sufficient space for wheelchair users to access a securement device. More equipment standards must be applied, for further information contact the STP Office.

Commercial Driver's License (CDL) – state issued commercial driver's license meeting the minimum requirement established by the U.S. Department of Transportation

Demand-Responsive – means transporting individuals, including the provision of designated public transportation service by public entities and the provision of transportation service by private entities, including but not limited to specified public transportation service, which is not a fixed route.

Disabled – individual who has: (1) a physical or mental impairment that substantially limits one or more major life activities; and (2) a record of such an impairment or is regarded as having such impairment.

Disabled Transportation Services – is defined as the transportation services for the disabled.

Elderly – is defined as an individual 60 years or older.

Elderly Transportation Services – is defined as the transportation services for the elderly.

Equivalent Service – means that when viewed in its entirety the transportation system deemed to provide equivalent service if the service available to individuals with disabilities is provided in the most integrated setting appropriate to the needs of the individual and is equivalent to the service provided to other individuals with respect to the following service characteristics:

- Schedules (fixed route system)
- Response time (demand responsive system)
- Fares
- Geographic area of service
- Days and hours of service
- Availability of information

- Reservations capabilities (demand responsive system)
- Constraints of capacity or service availability
- Restrictions bases on trip purpose (demand responsive system)

Evaluation and Selection Committee – comprised of professionals from the State Executive Office of Aging; State Department of Human Resources, Vocational Rehabilitation Division; State Department of Health, Disability and Communication Access Board; City and County of Honolulu, Department of Transportation Services; and State Department of Transportation.

Federal Fiscal Year (FFY) – a year that begins October 1 and ends September 30 of the following year.

Fiscal Year – a year that begins January 1 and ends December 31 of the same year.

Fixed Route – means transporting individuals (other than by aircraft), including the provision of designated public transportation service by public entities and the provisions of transportation service by private entities, including, but not limited to, specified public transportation service, on which a vehicle is operated along a prescribed route according to a fixed schedule.

Mental Impairment – is defined by the ADA as “any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.”

Paratransit Services – is defined by the ADA as “the transportation services for disabled persons where the individual is (1) unable without the assistance or another individual, to board, ride, or disembark from any vehicle (2) or with the assistance of a wheelchair lift or other boarding assistance device and is able, to board, ride and disembark from any vehicle.”

Physical Impairment – is defined by the ADA as “any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.”

Private Entity – any entity other than a public entity.

Public Entity – (1) any state or local government; or (2) any department, agency, special purpose district, or other instrumentality of one or more state or local governments.

Record of Impairment – is defined by the ADA as “a person who has a record of a physical or mental impairment that substantially limits one or more major life activities.”

Regarded as Having an Impairment – the individual (1) may have an impairment which is not substantially limiting, but is treated by his/her employer as having such an impairment; (2) has an impairment that is substantially limiting because of attitude of others toward the condition; or (3) may have no impairment at all, but is regarded by his/her employer as having a substantially limiting impairment.

Substantially Limits a Major Life Activity – to be a disability covered by the ADA the impairment must substantially limit one or more major life activities. These are activities that an average person can perform with little or no difficulty, including walking, speaking, breathing, performing manual tasks, speaking, hearing, learning, caring for oneself, working, sitting, standing, lifting, and reading.

Transit – is defined and used in this Section 5310 program notice as the regional land transportation of people by public conveyance.

Wheelchair – means mobility aid belonging to any class of three or four –wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Section 5310 Application Checklist

Please use this checklist for the required application submittals for Section 5310 funds. Be sure to complete and sign all required documents. Incomplete application submittals for Section 5310 funds may be rejected for consideration.

- ☐ Completed Section 5310 Application.
- ☐ Documentation of Incorporation. See Part I, General Information of the Section 5310 Application.
- ☐ Evidence of non-profit status; Domestic Non-Profit Corporation Exhibit from the State Department of Commerce and Consumer Affairs (DCCA) or Non-Profit status letter from the Internal Revenue Service (IRS). See Part I, General Information of the Section 5310 Application.
- ☐ Information on Duplication of Elderly or Disabled Transit Services. See Part II, Project Information of the Section 5310 Application.
- ☐ If requesting for non-wheelchair lift / ramp equipped vehicle(s), attach an Equivalent Service Claim or Cooperative Agreement. See Part II, Project Information of the Section 5310 Application.
- ☐ If a Public entity applying for Section 5310 assistance, certify that no non-profit organizations are readily available to provide the proposed transportation services to the elderly and disabled. See Part II, Project Information of the Section 5310 Application.
- ☐ Signed Assurance of Compliance with Title VI of the Civil Rights Act of 1964.
- ☐ Signed Standard Assurance with Regard to Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27.

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Section 5310 Application

Office Use Only
Ranking _____

I. General Information

Legal Name of Applicant Organization:

Address:

Project Director of Applicant Organization and Title:

(All correspondence between the State and the applicant organization shall be with the named Project Director. The Project Director shall be a person from the organization authorized to act on the applicant organization's behalf on the Section 5310 Project. HDOT will not accept any correspondence related to the project from the named applicant organization without the authorization of the Project Director.)

Telephone:

Fax:

Email Address:

State in which the applicant organization is incorporated:
(Attach Documentation of Incorporation)

Applicant Organization is:

☐ Private Non-Profit Organization
(Attach proof of non-profit status by either a copy of a current annual Domestic Non-profit Corporation Exhibit from the State Department of Commerce and Consumer Affairs or a Non-profit status letter from the Internal Revenue Service)

☐ Public Entity

Service Area of Applicant Organization:

☐ Urbanized Area _____ (population \geq 200,000)

☐ Non-Urbanized Area _____ (population $<$ 200,000)

Service provided by Applicant Organization:

Service provided for the Elderly and / or Disabled:

Transportation service provided by Applicant Organization:

Transportation service provided for the Elderly and / or Disabled:

II. Project Information

Type of Project, Vehicle or Equipment proposed:

(Description i.e. 14-passenger van with wheelchair lift, with two wheelchair positions)

Use of Project:

Project is for:

- ☐ New service
- ☐ Replace existing service
- ☐ Expand existing service

Vehicle / Equipment Service Area:

(Name geographic area to be serviced, i.e., communities, towns, etc.)

Project specific clientele:

- ☐ Elderly
- ☐ Physically Disabled
- ☐ Mentally Disabled
- ☐ Other _____

Current number of Elderly and / or Disabled persons provided transportation services by applicant organization:

- ☐ Elderly _____ per day _____ per month
- ☐ Disabled _____ per day _____ per month
- ☐ Other _____ ; _____ per day _____ per month
-

Projected number of Elderly and / or Disabled to be serviced with Project:

- ☐ Elderly _____ per day _____ per month
- ☐ Disabled _____ per day _____ per month
- ☐ Other _____ ; _____ per day _____ per month

Projected number of Ethnic Groups serviced per month:

- | | |
|--|---|
| <input type="checkbox"/> White _____ | <input type="checkbox"/> African American _____ |
| <input type="checkbox"/> Hispanic _____ | <input type="checkbox"/> Vietnamese _____ |
| <input type="checkbox"/> Japanese _____ | <input type="checkbox"/> Chinese _____ |
| <input type="checkbox"/> Filipino _____ | <input type="checkbox"/> Korean _____ |
| <input type="checkbox"/> Samoan _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hawaiian / Part Hawaiian _____ | |
| <input type="checkbox"/> American Indian / Alaska Native _____ | |

Projected number of Elderly and / or Disabled serviced per month:

Male _____

Female _____

Project Procurement Requirements

- ☐ Hawaii Department of Transportation to procure Project
- ☐ Project to be procured by _____
-
-

Vehicle Applicants only:

Type of service to be provided with vehicle. For non-accessible (non-wheelchair or non-wheelchair ramp/lift) equipped vehicles, attach Equivalent Service Claim or Cooperative Agreement

- ☐ Demand responsive (Dial-a-Ride) _____ % of use
- ☐ Fixed routes _____ % of use
- ☐ Other _____ % of use

Duplication and Support of Elderly or Disabled Transit Services; provide at least one of the following:

- ☐ Letters of support from each public and private transit and para-transit operators in the proposed service area indicating that their current and near future operations do not provide similar services proposed by the applicant organization.
- ☐ Efforts of notification to other transit operators with similar services in the proposed service area. Provide:
- (1) Copies of public notice in area newspapers with written comments from other transit operators indicating your transit service is not performed by them and they support your transit service; and/or
 - (2) Provide the date and name of agencies contacted indicating that your transit service is not performed by them and they support your transit service.
- ☐ Public Transit agencies - provide letter(s) of certification signed by both the Director of the transportation agency and the Mayor of the County.

Incidental Use of Vehicles

- ☐ Vehicles approved under this application will be only used for the transportation of the elderly and / or disabled
- ☐ Vehicles approved under this application will be used for incidental purposes and will not interfere with the primary use of the transportation of the elderly and / or disabled.

Describe the incidental use and how it will not affect the vehicular primary use.

Equipment Applicants only:

Describe and provide documentation for the basis of the equipment's service life if the Equipment Service life is not 4 years.

III. Project Justification

Describe benefits to be derived from the Project to the elderly and / or disabled user:

Describe benefits to be derived from the Project to the applicant organization:

Describe shortcomings and deficiencies of existing services and how proposed Project will overcome them:

Describe the current transportation service provided by the applicant organization to the elderly and / or disabled user:
(Include days and hours of service, passengers, frequency, fares.)

Describe the current transportation service provided by other agencies to the elderly and / or disabled user:
(Include days and hours of service, passengers, frequency, fares.)

Describe any plans to combine the applicant organization's transportation services with other public or private transit and para-transit operators:
(Attach purchase of service, interagency agreements, and documentation of coordination efforts and results.)

Transit Planning: (For HDOT use only)

- ☐ Urbanized Area Transit Plan has been developed for this regional area and this project is included; if project is not programmed for the next TIP, include a copy of the TIP
- ☐ Non-Urbanized Transit Plan has been developed for this regional area and this project is included.
-

IV. Project Cost Breakdown:

	Unit Price	Quantity	Total
Estimated Vehicle Cost:			
5-9 Passenger Vehicle			
10-16 Passenger Vehicle			
17-24 Passenger Vehicle			
Other Vehicle:			
Transit Bus ____ Passengers			
Delivery / Preparation Cost of Vehicle(s)			
Total Estimated Vehicle Cost		[A]	
Estimated Equipment Cost:			
Wheelchair Lift			
Wheelchair Ramp			
Communication Equipment			
Air Conditioning			
Other Equipment:			
Total Estimated Equipment Cost		[B]	
Total Project Cost Breakdown [A + B]		[C]	
5310 Section Funds Request		[80% x C]	
Applicant Organization Cost		[20% x C]	

V. Project Financial Information and Capabilities

Indicate specific sources and amounts of funds (public and private) to be used for the Applicant organization's cost for the project:

Indicate specific sources of funds and amounts of funds (public and private) to be used for the operation and maintenance costs for the project:

Applicant Organization Annual Transportation Budget

	Prior FFY	Current FFY	Next FFY
--	-----------	-------------	----------

REVENUES: List all sources of transportation funds (Fares, Grants, Donations, etc.) with dollar amount for the requested Federal Fiscal Year (FFY).

Total [D]			

EXPENSES: List all transportation expenses for the requested FFY.

Driver Salaries (including Federal/State taxes, FICA, Worker's compensation, etc.)			
Fuel, oil, tires			
Maintenance and repair			
Materials and Supplies			
Insurance – Transportation related only			
Overhead (Rent, Utilities, etc.)			
Other			
Vehicle or Equipment purchased (Applicant Organization's cost from Part IV, Project Cost Breakdown			
Total [E]			
Transportation Net Budget [D – E] (Next FFY net total must be greater than zero)			

Definitions:

- Prior FFY is the actual transportation data from the most recent FFY completed.
- Current FFY is the data for the current FFY

Next FFY is the estimated data that includes all equipment requested in this application

VI. Managerial Information and Capabilities

Experience: How many years of experience does your applicant organization have in operating transportation systems for the elderly and / or disabled?

- ☐ No experience
- ☐ Less than 1 year experience
- ☐ Between 1-5 years of experience
- ☐ More than 5 years of experience

Manpower: Describe the number of persons and each of their duties related to the management of the applicant organization's transportation systems.

Maintenance: Which of the following describes your applicant organization's transportation maintenance program?

- ☐ A documented preventive maintenance program is being utilized
 - ☐ An individual is assigned responsibility for ensuring each vehicle / equipment is properly maintained
 - ☐ Drivers have primary responsibility for overseeing the maintenance of the vehicle(s) / equipment
 - ☐ Other: the applicant organization provides the following _____
-

Training: Has your applicant organization provided any of the following training courses to your employees during the last year?

- ☐ CPR
- ☐ First aid
- ☐ Driver training
- ☐ Passenger Assistance Techniques (PAT)
- ☐ Other _____

Vehicle Applicant's Only:

Driver Selection: When selecting drivers does your organization do the following:

- ☐ Check driver records
- ☐ Check driver certification (i.e., CDL)
- ☐ Require physical examination
- ☐ Require drug and alcohol testing
- ☐ Require driver training
- ☐ Other _____

Vehicle Inspection: Before using the vehicles for the transportation of the elderly or disabled, does your organization inspect the vehicle and equipment for safety and working inspections using the following:

- ☐ An individual inspects the vehicle and equipment using vehicle and equipment checklists
 - ☐ An individual inspects vehicle and equipment without using vehicle and equipment checklists
 - ☐ No inspection is completed before use
 - ☐ Other _____
-

VII. Existing Vehicles

Provide the following information on all of your organizations existing vehicles from your organization's fleet.

Year of Vehicle	Vehicle Make (i.e. Ford) / Type (i.e. Van)	VIN Number	License Number	Passenger Capacity (i.e. 15-passenger)	Monthly Number of passengers transported	Used for the transportation of the elderly and/or handicapped Y/N	Wheelchair Accessible		Vehicle Purchased with Section 5310 Funds	
							Lift Y/N	Ramp Y/N	Y/N	Year

If needed, add additional sheets

VIII. Certifying Authority

I am an officer of the Applicant Organization herein and, am duly authorized to make the following certification on behalf of the Applicant Organization:

Based on my position and experience with the Applicant,

- 1) the Applicant has the requisite fiscal capability to carry out the operations of the Project in accordance with the requirements under 49 U.S.C. Section 5310 and provide the Applicant's cost share within 30 days after notification by the HDOT; and,
- 2) the Applicant has the requisite managerial capabilities to carry out the operations and maintenance of the Project in accordance with 40 U.S.C. Section 5310; and,
- 3) the information in the Section 5310 Application and all attached documents are true and correct to the best of my knowledge.

Executed on _____ at _____
Date City and State

Signature of Corporate Officer

Title

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Section 5310 Evaluation and Scoring Instructions

Evaluation Categories:

The five (5) Evaluation Categories listed below are designed to define and rate various aspects of an organization's application for capital assistance under the FTA Section 5310 Program. The "Factor Weight" for each category is noted in parenthesis.

1. Applicant organization's understanding of the needs of the transportation deprived elderly and / or disabled. (10)
2. The degree to which the applicant organization's program meets the unique transportation needs of the elderly and / or disabled. (30)
3. Appropriateness of the proposed Project, its demonstrated need and nature of use, including transportation service type, level of service, costs, ridership and trip services. (30)
4. Financial capability of applicant organization, and financial commitment of other public and private entities to the proposed service the Project will provide to assure its success. (15)
5. Management capabilities to operate and maintain the transportation services to the elderly and / or disabled. (15)

Scoring Instructions:

1. Rate each of the 5-categories listed above by assigning a value (based on a Rating Scale of "0" to "5"), where "0" being rated poor (lowest) and "5" being rated excellent (highest).
2. Multiply this rating by its "Factor Weight", which will yield its "Weighted Score".
3. Add each of the five Weighted Scores to determine the TOTAL SCORE of the organization.
4. Finally, enter the TOTAL SCORE of each organization on your APPLICANT RANKING FORM.

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Assurance of Compliance with Title VI Of the Civil Rights Act of 1964

(NAME OF APPLICANT ORGANIZATION)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal urban mass transportation programs; and HERBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department under Federal urban mass transportation programs, this assurance shall obligate that the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department under Federal urban mass transportation programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department under Federal urban mass transportation programs. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Recipient; its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign the assurance on behalf of the Recipient.

Signature Authorized Official

Title

Date

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Standard Assurance with Regard to Nondiscrimination
on the Basis of Handicap as Required by 49 CFR Part 27

Pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794),

(NAME OF APPLICANT ORGANIZATION)

as the "applicant organization" in desiring to avail itself of Federal financial assistance from the United States Department of Transportation, hereby gives assurance that no qualified handicapped person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, including discrimination in employment, under any program or activity that receives or benefits from Federal financial assistance provided by the U.S. Department of Transportation.

The applicant / recipient further assures that its programs will be conducted, and its facilities operated, in compliance with all the requirements imposed by or pursuant to 49 CFR Part 27.

Signature Authorized Official

Title

Date

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

List of Vehicle Dealers

A. SPECIALIZED VEHICLES AND ADA EQUIPMENT INFORMATION

1. Soderholm Sales and Leasing (Oahu)
Telephone: 834-1417
FAX: 834-1070
2. Van-Con Inc. (Oahu)
Telephone: 781-2287
FAX: 836-7729

B. TRUCKS, VANS AND PASSENGER CARS

1. JN Chevrolet (Oahu)
Telephone: 831-2500
2. Cutter Chevrolet (Oahu)
Telephone: 946-8311
3. Honolulu Ford (Oahu)
Telephone: 532-1700
4. Windward Dodge (Oahu)
Telephone: 233-6000
5. Windward Ford (Oahu)
Telephone: 266-7000
6. Pacific Oldsmobile – GMC (Oahu)
Telephone: 487-5526
7. Servco Pacific Service Motors (Oahu)
Telephone: 622-4195

C. FOR NEIGHBOR ISLANDS – contact your local van, truck, passenger car dealer or fleet sales representative.

Note:

This data is provided for informational purposes only and is not intended to be an endorsement by the State Department of Transportation (DOT) or the Department of Accounting and General Services (DAGS).

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Government Transit Support Agencies

A. FEDERAL AGENCIES

1. FEDERAL TRANSIT ADMINISTRATION

Region IX (includes Hawaii)
201 Mission Street, Suite 2210
San Francisco, California 94105

Telephone: (415) 744-3115

B. STATE AGENCIES

1. DISABILITY AND COMMUNICATION ACCESS BOARD (Department of Health)

Ala Moana Boulevard
Honolulu, Hawaii 96814

Telephone: 586-8121

2. DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES (DAGS)

Purchasing and Supply Division
Purchasing Branch
Kalanimoku Building, Room 416
1151 Punchbowl Street
Honolulu, Hawaii 96813

Telephone: 586-0565

3. EXECUTIVE OFFICE ON AGING

250 South Hotel Street, Room 107
Honolulu, Hawaii 96813

Telephone: 586-0100

4. DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Princess Victoria Kamamalu Building
1010 Richards Street
Honolulu, Hawaii 96813

Telephone: 586-2744

C. COUNTY AGENCIES

1. COUNTY OF KAUAI
Office of Community Assistance
Transportation Agency
3220 Hoolako Street
Lihue, Hawaii 96766

Telephone: 241-6410
2. COUNTY OF HAWAII
Mass Transportation Agency
25 Aupuni Street
Hilo, Hawaii 96720

Telephone: 961-8343
3. COUNTY OF MAUI
Private Nonprofit Transit Provider
Maui Economic Opportunity, Inc.
189 Kaahumanu Avenue
Kahului, Hawaii 96732

Telephone: 877-7651

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Pre-Delivery Buy America Compliance Certification
(one form per vehicle)

As required by Title 49 of the CFR, Part 663 – Subpart C,

(NAME OF APPLICANT ORGANIZATION)

certifies that it is satisfied that the vehicle to be received,

(YEAR AND DESCRIPTION OF VEHICLE)

(VEHICLE IDENTIFICATION NUMBER)

from

(NAME OF VEHICLE DEALER)

meets the requirements of Section 165(b)(3) of the Surface Transportation Assistance Act of 1982, as amended.

☐ The applicant organization

☐ or its appointed analyst

(NAME OF THE ANALYST)

has reviewed documentation provided by the manufacturer which lists (1) the actual component and subcomponent parts of the vehicle identified by the manufacturer, country of origin and cost; and (2) the actual location of the final assembly point for the vehicles, including a description of the activities that took place at the final assembly point and the cost of final assembly.

This certification must be submitted to and approved by the STP Office prior to vehicle use.

DATE: _____

SIGNATURE: _____

TITLE: _____

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office
Pre-Delivery FMVSS Compliance Certification
(one form per vehicle)

As required by Title 49 of the CFR, Part 663 – Subpart D,

(NAME OF APPLICANT ORGANIZATION)

certifies that it has received, at the pre-delivery stage, a copy of,

(NAME OF MANUFACTURER)

self-certification information stating that the vehicle to be received,

(YEAR AND DESCRIPTION OF VEHICLE)

(VEHICLE IDENTIFICATION NUMBER)

complies with the relevant Federal Motor Vehicle Safety Standards issued by the National Highway Traffic Safety Administration in Title 49 Code of Federal Regulations, Part 571.

This certification must be submitted to and approved by the STP Office prior to vehicle use.

DATE: _____

SIGNATURE: _____

TITLE: _____

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Post-Delivery Buy America Compliance Certification
(one form per vehicle)

As required by Title 49 of the CFR, Part 663 – Subpart C,

(NAME OF APPLICANT ORGANIZATION)

certifies that it is satisfied that the vehicle received,

(YEAR AND DESCRIPTION OF VEHICLE)

(VEHICLE IDENTIFICATION NUMBER)

from

(NAME OF VEHICLE DEALER)

meets the requirements of Section 165(b)(3) of the Surface Transportation Assistance Act of 1982, as amended.

☐ The applicant organization

☐ or its appointed analyst

(NAME OF THE ANALYST)

has reviewed documentation provided by the manufacturer which lists (1) the actual component and subcomponent parts of the vehicle identified by the manufacturer, country of origin and cost; and (2) the actual location of the final assembly point for the vehicles, including a description of the activities that took place at the final assembly point and the cost of final assembly.

This certification must be submitted to and approved by the STP Office prior to vehicle use.

DATE: _____

SIGNATURE: _____

TITLE: _____

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Post-Delivery FMVSS Compliance Certification
(one form per vehicle)

As required by Title 49 of the CFR, Part 663 – Subpart D,

(NAME OF APPLICANT ORGANIZATION)

certifies that it has received, at the post-delivery stage, a copy of,

(NAME OF MANUFACTURER)

self-certification information stating that the vehicle,

(YEAR AND DESCRIPTION OF VEHICLE)

(VEHICLE IDENTIFICATION NUMBER)

complies with the relevant Federal Motor Vehicle Safety Standards issued by the National Highway Traffic Safety Administration in Title 49 Code of Federal Regulations, Part 571.

This certification must be submitted to and approved by the STP Office prior to vehicle use.

DATE: _____

SIGNATURE: _____

TITLE: _____

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Post-Delivery Purchasers' Requirements Certification
(Ten or fewer vehicles; one form per vehicle)

As required by Title 49 of the CFR, Part 663 – Subpart C, after visually inspecting and road testing the contract vehicle,

(NAME OF APPLICANT ORGANIZATION)

certifies that the vehicle,

(YEAR AND DESCRIPTION OF VEHICLE)

(VEHICLE IDENTIFICATION NUMBER)

from

(NAME OF MANUFACTURER)

meets the contract specifications.

This certification must be submitted to and approved by the STP Office prior to vehicle use.

DATE: _____

SIGNATURE: _____

TITLE: _____

Agency Information



CONTACT

Name	
Street Address	
City	ZIP
Contact	email
Phone	Fax

STAFFING

		Full Time	Part Time
Paid	Maintenance Staff.....		
	Administrative Staff.....		
	Operators Staff.....		
Volunteer	Maintenance Staff.....		
	Administrative Staff.....		
	Operators Staff.....		

SERVICE AREA

		Demand Responsive		Fixed Route		
Provide Service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of Routes:
Boundary	North					
	East					
	South					
	West					
Service Hours	Weekday					
	Weekend					

PRACTICES

Do you purchase transportation services from other providers? (Describe)	
Do you sell transportation services to other providers? (Describe)	
Fare structure	
Fare structure description	

IMPORTANT
This report is due annually. Please mail to:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
869 Punchbowl St., Room 404
Honolulu, Hawaii 96813

Agency Report



IDENTIFICATION

Name
Year

INCIDENTS

Yearly accidents (System-wide)	Caused fatalities	
	Caused injuries	
	Caused property damage only	
Yearly security incidents (System-wide)	On-Vehicle: Serious (murder, assault, robbery, et c.)	
	On-Vehicle: Nuisance (drunk, fare evasion, etc.)	
	At Stops: Serious (murder, assault, robbery, etc.).....	
	At Stops: Nuisance (drunk, fare evasion, etc.).....	

PERFORMANCE

Percentage of on time arrivals (within 5 minutes)	
Peak vehicles as a percentage of total vehicles	

SERVICE AREA

Service area population.....	
Number of employees in service area population.....	
Average annual income for service area population	
Average age of service area population.....	
Gender of users (% Female)	
Mode share of service area (% Fixed Route)	
Mode share of service area (% Demand Responsive)	

IMPORTANT

This report is due annually. Please mail to:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
869 Punchbowl St., Room 404
Honolulu, Hawaii 96813

Vehicle Report



AGENCY	Name					
	Year	Make	FTA Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
VEHICLE	License		VIN			
	Type:	Large 35'+ <input type="checkbox"/>	Med Size (M) <input type="checkbox"/>	Small/Van <input type="checkbox"/>		
DATE		Med Size (H) <input type="checkbox"/>	Med Size (L) <input type="checkbox"/>	Other <input type="checkbox"/>		
	Year	Period: Jan - Mar <input type="checkbox"/> Jul - Sep <input type="checkbox"/> Apr - Jun <input type="checkbox"/> Oct - Dec <input type="checkbox"/>				
OPERATING CHARACTERISTICS	Total mileage for this period					
	Number of gallons of fuel consumed during this period					
	Miles-per-gallon obtained this period					
	Odometer reading at the end of this period					
	Number of days vehicle was operated during this period					
	Average number of hours-per-day vehicle was operated during period					
	Number of breakdowns during this period					
RIDERSHIP	Ambulatory Elderly (<i>Anyone over 60 years of age able to walk</i>).....					
	Non-ambulatory (<i>Anyone over 60 years of age unable to walk</i>)					
	Ambulatory Handicapped (<i>Mental or physical, under 60 years of age.</i>)					
	Non-ambulatory Handicapped					
	Others (<i>Riders who are neither elderly nor handicapped</i>)					
	Total number of one-way passenger-trips.....					
FINANCIAL DATA	Fuel and oil costs this period					
	Service and repair costs this period					
	Driver salary paid this period					
	Other operating costs (<i>Insurance, tires, etc.</i>) this period					
	Total costs this period					
	Passenger donations and other revenue this period					
	Net cost of service this period					
CONDITION		Excellent	Good	Fair	Poor	Critical
	Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Passenger assist railings/wheelchair assist equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exterior Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical, lights, signals, flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety exists functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSURANCES	Air Conditioning					
	I hereby certify that: <input type="checkbox"/> 1. The above information is true and verifiable;					
	<input type="checkbox"/> 2. The vehicle continues to be operated and maintained in accordance with the project application and contract;					
	<input type="checkbox"/> 3. The vehicle continues to be used for the purpose for which the grant was approved;					
ASSURANCES	<input type="checkbox"/> 4. The vehicle capacity does not exceed that which is needed for our transit operation; and					
	<input type="checkbox"/> 5. The vehicle has not been sold, damaged or otherwise taken out of transit service.					
ASSURANCES		Signature of Executive Director or authorized representative				Date signed

IMPORTANT
This report is due within 30-days from the end of each reporting period, to be mailed to the following address:

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
869 Punchbowl St., Room 404
Honolulu, Hawaii 96813

**Department of Transportation
Statewide Transportation Planning Office
Federal Transit Administration (FTA) Section 5310
Site Inspection Checklist**

A. SUB-RECIPIENT INFORMATION

Agency Name: _____	Date/Time of Inspection: _____
Address: _____	Date of Last Inspection: _____
_____	Telephone No: _____
_____	Fax No.: _____
Contact Person: _____	Email Address: _____

B. TYPE OF SERVICE PROVIDED

<input type="checkbox"/> Shuttle	<input type="checkbox"/> Subscription	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fixed Route	<input type="checkbox"/> Demand Responsive	_____

1. Total Number of vehicles in fleet: _____	2. Number of Section 5310 vehicles: _____
	Number of wheelchair equipped: _____

C. MAINTENANCE OF FTA FUNDED CAPITAL

C1. Does your agency have a maintenance program that meets federal requirements concerning the maintenance of FTA funded vehicles, equipment and facilities including maintenance of ADA accessibility features? ☐ Y ☐ N
If "yes", provide evidence of maintenance program. If "no", cite reason(s).

C2. Does your agency perform scheduled (monthly, quarterly, semi-annually, etc.) vehicle preventive maintenance or a scheduled manufacturer's recommended preventive maintenance program of your FTA-funded vehicle(s)? ☐ Y ☐ N
If "yes", describe and provide samples of completed preventive maintenance work performed during the last 12 months.

C3. Did your agency perform unscheduled vehicle maintenance including equipment replacement (e.g., electrical, exterior, interior, mechanical) or repair work during the last 12 months? ☐ Y ☐ N
If "yes", describe and provide samples of completed unscheduled maintenance work performed during the last 12 months.

C4. Does your agency conduct "Pre-Trip" and/or "Post-Trip" general visual and/or formal checklist vehicle inspections? ☐ Y ☐ N
If "yes", describe and provide samples of inspections.

D. TRANSIT VEHICLE ACCIDENT AND DAMAGE REPORT

D1. Have any of your 5310 transit vehicles been damaged? If "yes", describe in detail and provide damage report. ☐ Y ☐ N

D2. Have any of your 5310 transit vehicles been involved in an accident? If "yes", describe in detail and provide accident report. ☐ Y ☐ N

E. SELECTION AND ELIGIBILITY OF SUB-RECIPIENTS AND PROJECTS

Does your agency provide incidental transportation services? If "yes", provide evidence of such service not affecting your FTA transit services. ☐ Y ☐ N

F. SERVICE POLICY

Does your agency have a service policy that allows the general public to access all aspects of your transportation system? ☐ Y ☐ N
If "yes", describe the service policy and provide evidence.

G. MARKETING POLICY

Does your agency have a policy that markets transportation service to the general public? ☐ Y ☐ N
If "yes", describe the marketing policy and provide evidence.

H. ADA COMPLIANCE

H1. Is your agency aware of and complies with ADA required transportation service provisions? ☐ Y ☐ N
If "yes", provide evidence of compliance. If "no", cite reason(s).

H2. Does your agency have any construction projects that are subject to ADA compliance requirements? ☐ Y ☐ N
If "yes", provide sample records. If "no", cite reason(s).

H3. Is your agency a fixed-route carrier and has it submitted the required annual ADA Compliance Certification, or its paratransit plan updates with a request for a waiver? If "yes", provide evidence of compliance. If "no", cite reason(s). ☐ Y ☐ N

H4. Does your agency use its accessibility features? If "yes", provide evidence of policy. If "no", cite reason(s). ☐ Y ☐ N

H5. Does your agency maintain access features and equipment (i.e., wheelchair lifts and securements) in operating conditions? ☐ Y ☐ N
If "yes", provide evidence of inspection and maintenance. If "no", cite reason(s).

H6. Is each driver trained to properly use wheelchair lifts, securement devices, and other accessibility equipment? ☐ Y ☐ N
If "yes", provide evidence of training or certification. If "no", cite reason(s).

H7. Does the provider allow service animals onboard? If "yes", provide evidence of policy. If "no", cite reason(s). ☐ Y ☐ N

H8. Does your agency provide communications and public information about transportation services available using accessibility formats and technology? If "yes", provide evidence of review and instruction. If "no", cite reason(s). ☐ Y ☐ N

H9. Does your agency allow persons using respirators or portable oxygen on their transit vehicles? ☐ Y ☐ N
If "yes", provide evidence of policy. If "no", cite reason(s).

H10. Does your agency allow adequate time for transit vehicle boarding and disembarking? ☐ Y ☐ N
If "yes", describe adequacy of time for both disabled and non-disabled persons. If "no", cite reason(s).

I. DRUG AND ALCOHOL TESTING COMPLIANCE

I1. Does your agency have employees with Commercial Driver's Licenses (CDL) that are subject to FHWA drug and alcohol regulations? If "yes", how many employees have CDL's? ☐ Y ☐ N

J. CHARTER BUS PROTECTION COMPLIANCE AND SCHOOL BUS PROTECTION COMPLIANCE

J1. Is your agency aware of and complies with the Section 5310 prohibition of providing exclusive school bus service unless the service qualifies and is approved by the FTA Administrator under an allowable exemption? ☐ Y ☐ N
If "yes", provide evidence of School Bus Protection compliance. If "no", cite reason(s).

K. COMPETITIVE PROCUREMENT

K1. Is your agency aware of and complies with all FTA mandated competitive procurement requirements and clauses including third-party contracts? If "yes", provide evidence of compliance. If "no", cite reason(s). ☐ Y ☐ N

L. DEBARMENT AND SUSPENSION CERTIFICATION

Is your agency aware of and have certified debarment and suspension certification in solicitations and have obtained signed certifications from primary and third-party contractors and subcontractors who have been awarded contracts in excess of \$100,000? ☐ Y ☐ N
If "yes", provide evidence of certification. If "no", cite reason(s).

M. RESTRICTIONS ON LOBBYING

Is your agency aware of and have certified to the state that it has not and will not use federal appropriated funds to pay for ☐ Y ☐ N influencing or attempting to influence an officer or employee of any federal department or agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal grant, cooperative agreement, or any other federal award, and as a Section 5310 subrecipient you have in your procurements obtained lobbying certification in solicitations and signed certifications from contractors and subcontractors awarded contracts greater than \$100,000. If "yes", provide evidence of compliance. If "no", cite reason(s).

N. BUY AMERICA COMPLIANCE

N1. Does your agency conduct Pre-award and Post-Delivery Buy America reviews when procuring vehicles that are partially ☐ Y ☐ N or wholly FTA-funded? If "yes", describe and provide samples of Pre-Award and Post-Delivery Buy America reviews.

O. DISADVANTAGED BUSINESS ENTERPRISES (DBE) PROGRAM REQUIREMENTS

Is your agency aware of and complies with DBE Program requirements if federal funds were received in excess of the ☐ Y ☐ N \$250,000 threshold exclusive of transit vehicle purchases? If "yes", provide evidence of DBE Program or DBE goal.

P. EQUAL EMPLOYMENT OPPORTUNITY (EEO) REQUIREMENTS

P1. Is your agency aware of and complies with EEO objectives if federal funds in excess of \$1,000,000 were received in the ☐ Y ☐ N previous federal fiscal year and 50 or more mass transit related employees are on the payroll? An EEO program is required if the previous two conditions have been met. If "yes", provide evidence of EEO program. If "no", cite reason(s).

Q. SIGNATURES

I hereby certify that the information contained in this form is true and correct.

Signature of Authorized Official Date

Print Name Title and Position

STP Office Inspector Date

R. STP OFFICE USE

R1. Comments:

R2. Follow up:

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

FTA Section 5310 & Section 5311 Program
Vehicle / Equipment Disposition Instructions

1. Contact the Statewide Transportation Planning (STP) Office for initial disposition consultation at (808) 587-1845.
2. No disposition actions are permitted until written approval is received from the STP Office.
3. Federal Transit Administration regulations require that any proceeds received from the disposition of vehicles/equipment must be reinvested in transit purposes.
4. Disposition Options:
 - a. If disposal is requested before the minimum normal service life has been reached and is in serviceable condition, HDOT will reassign the vehicle/equipment to another qualified organization.
 - b. If disposal is requested and the minimum normal service life has been reached the following options are available:
 - (1) The vehicle/equipment has a salvage value less than \$5,000 the sub-recipient may junk the vehicle/equipment which will release the sub-recipient and HDOT from all contractual obligations tied to the vehicle/equipment.

However, if the vehicle/equipment has a salvage value equal to or greater than \$5,000 after its service life the proceeds shall be reinvested in transit purposes, such as the purchase of a replacement vehicle or transit related equipment.

For vehicles, the sub-recipient is responsible for obtaining an ASE certified mechanic to determine the salvage value of the vehicle. For vehicles, the mechanic's cost in determining the vehicle's salvage value is eligible for federal program assistance. The mechanic's cost shall be permitted for deduction from the federal share up to \$500 or ten percent of the proceeds, whichever is less, including other selling and handling expenses

For vehicles/equipment, the sub-recipient shall be permitted to deduct and retain from the federal share \$500 or ten percent of the proceeds, whichever is less, for selling and handling expenses.

- (2) The vehicle/equipment may be reassigned if the vehicle/equipment is still serviceable after the minimum normal service life has been reached and the organization has no further use for the vehicle. HDOT will reassign the vehicle/equipment to another transit organization. The original organization will be released from all contractual obligations tied to the vehicle.

5. A completed Vehicle / Equipment Disposition Application with attachments is required. One application is required for each vehicle or equipment disposition.
6. For vehicles, the Service Life is listed below. Service Life of rolling stock begins on the date the vehicle is placed in revenue service and continues until it is removed from service.
 - a. Large, heavy-duty transit buses (approximately 35' – 40', and articulated buses): at least 12 years of service or an accumulation of at least 500,000 miles.
 - b. Medium-size, heavy-duty transit buses (approximately 30'): 10 years or 350,000 miles.
 - c. Medium-size, medium-duty transit buses (approximately 30'): 7 years or 200,000 miles.
 - d. Medium-size, light-duty transit buses (approximately 25' – 30'): 5 years or 150,000 miles.
 - e. Other light-duty vehicles such as small buses and regular and specialized vans: 4 years or 100,000 miles.
7. Documentation Required for Disposition:
 - a. For vehicles - copy of the Vehicle Registration
 - b. For vehicles - copy of the Vehicle Notice Transfer
 - c. For vehicles - safety check indicating the odometer reading required for the minimum service life of the particular vehicle. (For example, if the minimum service life is 100,000 miles, provide the safety check showing the odometer reading closest to 100,000 miles or more.)
 - d. For vehicles/equipment – photos of current condition
 - e. For vehicles – photo of front and rear license plates
 - f. For vehicles – copy of salvage value from Kelly Blue Book or similar reference
 - g. For equipment – Residual or Salvage Value calculation worksheet with depreciation method
 - h. For vehicles/equipment – copy of Police / Accident Report, if applicable
 - i. For vehicles – copy of mechanic's assessment report and copy of mechanic's assessment invoice, if applicable
 - j. For vehicles/equipment - Letter certifying proceed reinvestment to transit, if applicable

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

Form STP-FTA Disposal App
(REV. 3/03)

FTA Section 5310 & Section 5311 Program Vehicle / Equipment Disposition Application

This application is for the disposition of vehicles or equipment acquired with Federal Transit Administration (FTA) Section 5310 or Section 5311 Program funds. Use one application for each vehicle or equipment disposition. An incomplete application and attachments will not be approved.

I. SUB-RECIPIENT INFORMATION	
A. Name of Organization: 	C. Telephone No. of Organization:
B. Address of Organization: 	D. Fax No. of Organization:
	E. Email Address of Organization:
II. VEHICLE / EQUIPMENT INFORMATION	
A. Description of Vehicle (Yr, Make, Model) or Equipment: 	C. Purchase Date of Vehicle / Equipment:
	D. Purchase Price of Vehicle / Equipment:
B. Grant No. & Federal Fiscal Year: 	E. Vehicle - Vehicle Identification No. (VIN) & Lic. No.:
III. DISPOSITION INFORMATION	
A. Reason for Disposition: 	D. Will disposition affect the service provided? Yes / No <input type="checkbox"/> If yes, explain how this will be addressed.
B. Method of Disposition: 	
C. Present Residual or Salvage Value * : 	E. Vehicle - Present Mileage:
* IV. COMPLETE THIS SECTION FOR VEHICLES WITH SECTION IIIC AMOUNT ≥ \$5,000 (The vehicle must be assessed and appraised by an ASE certified mechanic.)	
A. Mechanic Name & Company Name: 	C. Mechanic Address & Phone No.:
B. Mechanic Cost for Assessment: 	D. Latest date of ASE certification:
V. DISPOSITION ATTACHMENTS (Attach the following information with application.)	
1. Vehicle - Copy of current Registration. 2. Vehicle - Copy of current Safety Check. 3. Vehicle / Equipment - Photo(s) of current condition. 4. Vehicle - Photo of front & rear license plates. 5. Vehicle - Copy of Salvage Value from Kelly Blue Book. 6. Equipment - Salvage Value w/ depreciation method.	
7. Vehicle / Equipment - If applicable, copy of Police / Accident Report. 8. Vehicle - If applicable, copy of Notice of Transfer. 9. Vehicle - If applicable, copy mechanic's inspection assessment report and copy of mechanic's assessment invoice. 10. Vehicle / Equipment - If applicable, letter certifying proceeds are reinvested to transit.	
VI. ADDITIONAL NOTES 	
VII. SUB-RECIPIENT SIGNATURE	
A. Signature: I hereby certify that I am authorized to act on behalf of the above mentioned organization and that the information contained on this application, including the attachments, is true and correct.	B. Print or Type Name:
	C. Position:
VIII. STP OFFICE USE ONLY	
A. Recommendation: 	
B. Reviewed by: 	C. Concurred by:
D. Approved / Disapproved by: 	Date: